



# TOWNSHIP OF WEST ORANGE

66 MAIN STREET, WEST ORANGE, N.J. 07052

## Department of Planning and Development

SUSAN MCCARTNEY  
*Mayor*

Tel: (973) 325-4119  
Email: zoningofficial@westorange.org

GENIECE GARY-ADAMS  
*Director of Planning &  
Development  
Zoning Official*

### COMMERCIAL BUSINESS APPLICATION PACKAGE

- New Commercial Business Application
- Sample Floor Plan
- Certificate of Continued Occupancy Commercial Application
- Ordinance 25-40.2(d) *Permits*  
Certificate of Continued Occupancy
- Fire Safety Registration Form
- User's Guide to Building & Remodeling
- Ten tips that Will Keep West Orange Beautiful
- Ordinance 25-15 *Signs*

### OVERVIEW OF PROCESS

#### Review

Once an application is submitted, the Planning Office will review it for completeness. If there are no problems with the application and it is approved the Planning Department/Zoning Official will contact the applicant.

#### Building Department

You must apply for relevant permits from the Building Department. This includes all plumbing, electrical, fire, sign, and construction permits. *Please contact the Building Department at (973)325-4112 to discuss permit fees, plan review, and inspections.*

#### CCO

Once ALL APPROVALS have been received the applicant must schedule the CCO inspection. This permit is considered your "Continued Certificate of Occupancy" to tenant the building and open the business unless the building permits are required by the Construction Department.

#### Health Department

If you are applying to open a food establishment, make major kitchen alteration, or open a body massage establishment you must apply to the Health Department for approval. *Please contact Health Department at (973)325-4120 for additional information*

#### Fire Department

You must complete and file a Fire Safety Registration Form with the application.

#### Downtown West Orange Alliance

If the business is located the Downtown Main Street area, please contact the Downtown West Orange Alliance for information regarding recommended design standards and compliance and matching sign grant information. *Please contact Megan Brill, Exec. Dir., at (973)325-4109 or downtown@westorange.org*

ZONING OFFICIAL USE ONLY

Date Submitted \_\_\_\_\_

Date Approved \_\_\_\_\_

Square Footage \_\_\_\_\_

Sign Permit \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_



COMMERCIAL BUSINESS PERMITTED USE  
CHANGE IN OCCUPANCY

*All new commercial owners/tenants must also apply for a separate Certificate of Occupancy and a Sign Permit in the Building Department.*

**COMPLETE ALL SECTIONS BELOW**

*ALL sections MUST be completed in order to process the application.*

SECTION 1: Applicant and Owner Information

Please Note: A copy of the lease must be provided for all rentals.

Proposed Tenant/Business Name \_\_\_\_\_

Property Location Address: \_\_\_\_\_ Unit/Bldg: \_\_\_\_\_

Property Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address (Current): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Proposed Business Use: \_\_\_\_\_ Prior Use (if known): \_\_\_\_\_

Have there been any previous Zoning Board of Adjustment or Planning Board hearings involving this property?

*Y/N*, If Yes, please list ZB or PB Application Numbers: \_\_\_\_\_

**SECTION 2: Proposed Business**

Please describe below in detail the proposed business operations on the site:

(You may attach a more detailed written description.)

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3: COMPANY INFORMATION**

Are you requesting a 24-hour operation? Yes\_\_\_\_No\_\_\_\_

Days/Hours of Operation:

DAYS	HOURS OF OPERATION
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Number of Employees:\_\_\_\_\_

Number of Chairs (Barber/Hair Salon):\_\_\_\_\_

SHIFT	SHIFT HOURS	NO. OF EMPLOYEES
Shift 1		
Shift 2		
Shift 3		
Shift 4		

**SECTION 4: Site Plan Information**

**FLOOR PLAN (ATTACH DRAWING)** – All dimensions including the breakdown of your business area in square footage for office use, retail and warehouse, cafeteria use, bathrooms, storage areas, other.

*If multiple tenants exit on site, list the names and square footage of each tenant below.*

TENANT NAME/USE	SQUARE FEET	PARKING REQUIRED		PARKING PROVIDED

Number and Type of Commercial Vehicles (Type/Size): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overnight Parking of Commercial Vehicle or Vans? Y\_\_N\_\_ If yes, what type?\_

**NEW LIGHTING?** Y\_\_N\_\_ If yes, provide details and indicate location on site plan.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGN DETAILS** for any new sign. Submit details and depict location, total square footage, height, type of font and letter size as well as construction materials and any illumination.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions please contact the Zoning Official at 973-325-4119 or Email [zoningofficial@westorange.org](mailto:zoningofficial@westorange.org) or the Planning Board Secretary at 973-325-4111 or Email [planningboard@westorange.org](mailto:planningboard@westorange.org)

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**NEW LIGHTING?** Y\_\_N\_\_ If yes, provide details and indicate location on site plan.

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Certificate of Continued Occupancy Commercial Application

CCO: \_\_\_\_\_  
Date Submitted \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control# \_\_\_\_\_

Address to be sold/rented \_\_\_\_\_  
Block \_\_\_\_\_ Lot. \_\_\_\_\_  
Is this a: \_\_ Sale OR \_\_ Rental; If a rental of one unit, which unit or floor number: \_\_\_\_\_  
State commercial use \_\_\_\_\_ Is this a Change of Use: \_\_ YES \_\_ NO  
If yes, you will need to contact Ms. Geniece Gary-Adams, Zoning Official for approval at  
973-325-4119 or zoningofficial@westorange.org

Owner/Seller \_\_\_\_\_ Buyer/Tenant \_\_\_\_\_  
Address. \_\_\_\_\_ Address. \_\_\_\_\_

(No PO Boxes)

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

If applicable Superintendent's Name and Phone Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

If buying a multi-unit commercial building, will tenants being remaining or is building vacant?

Tenants Remaining: \_\_\_\_\_ Buying Vacant \_\_\_\_\_

Contact Person for Inspections:

Name: \_\_\_\_\_

Telephone: : \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Closing date: \_\_\_\_\_ OWNER \_\_ BUYER \_\_ AGENT \_\_

\*\*\*PROVIDE SQUARE FOOTAGE OF SPACE\*\*\*

INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

ZONING OFFICIAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Geniece Gary Adams

\*\*\* APPLICATION MUST BE COMPLETELY FILLED OUT FOR SUBMITTAL \*\*\*

FEE: \_\_\_\_\_ CHECK /MONEY ORDER# \_\_\_\_\_

If you have any questions please call 973-325-4112 or wobuilding@westorange.org

**25-40.2 Permits.**

**d. Certificate of Continued Occupancy.**

1. Prior to the sale or rental of any existing residential structure containing one (1) unit or more, a Certificate of Continued Occupancy must be obtained which shall be issued by the Construction Official or designated agency or department provided with the authority to grant and issue such certificates. The application of such permit shall be made by the owner of record and shall comply with such administrative provisions as required by the Construction Official in accordance with N.J.A.C. 52:27D-198.1. The Certificate of Continued Occupancy shall be proof that the structure in question complies with all health and safety codes of the Township and State of New Jersey, that it is in compliance with all fire safety requirements as set forth in Chapter 18, Section 3 of the Township Code, and that it is in compliance with the Land Use Regulations of the Township or is considered a legal nonconforming use.
2. Prior to the sale or change in occupancy of any unit in an existing commercial structure, a Certificate of Continued Occupancy shall be issued by the Construction Official. The application of such permit shall be made by the owner of record and shall comply with such administrative provisions as required by the Construction Official. The Certificate of Continued Occupancy shall be proof that the structure in question complies with all health and safety codes of the Township and State of New Jersey that it is in compliance with all fire safety requirements as set forth in Section 40.3 of this Chapter of the Township Code, and that it is in compliance with the Land Use Regulations of the Township or is considered a legal nonconforming use.
3. The Certificate of Continued Occupancy shall state the maximum number of persons that may lawfully occupy the premises covered by the certificate. The occupancy number must match the documentation submitted.
4. The fee for requesting the issuance of a Certificate of Continued Occupancy shall be as follows:

Single Unit Residential Dwelling	\$200.00
Two (2) Unit Residential Dwelling	\$275.00
Three (3) Unit Residential Dwelling	\$350.00
Four (4) Unit Residential Dwelling	\$425.00
Five (5) Unit Residential Dwelling	\$500.00
Six (6) Unit Residential Dwelling	\$575.00
Sale or Change in Occupancy of Commercial Space	\$250.00 per unit up to 1,000 square feet or \$0.25 per square foot for 1,001 square feet to 5,000 square feet or

\$0.50 per square foot

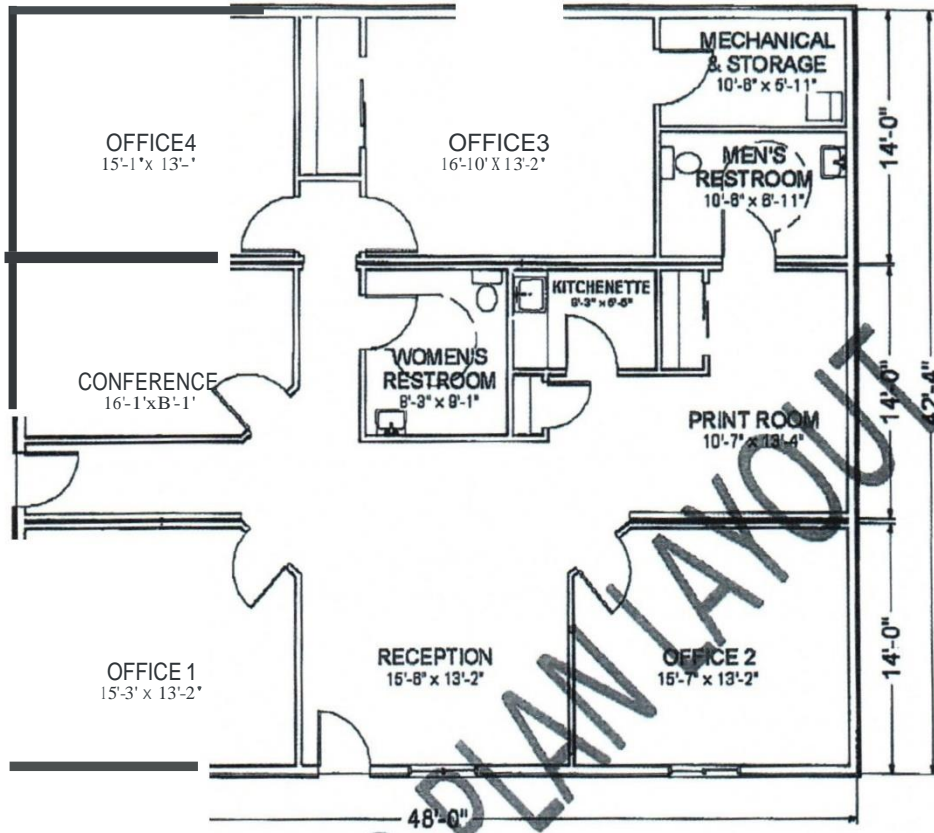
for 5,001 square feet

and up to a maximum of  
10,000 square feet

Re-inspection fee \$75.00

5. It shall be the responsibility of the Tax Assessor of the Township to advise individuals requesting tax assessment searches that a Certificate of Continued Occupancy is required in connection with the sale of any single unit residential dwelling, any sale or change in occupancy of any residential structure containing one (1) or more units or any change in occupancy of any existing commercial unit.
6. Any person seeking a determination from the Construction Official that a Certificate of Continued Occupancy is not required prior to the sale of any existing building, dwelling unit or residence shall pay to the Township a fee of two hundred fifty (\$250.00) dollars for such determination.
7. Notwithstanding anything to the contrary herein, anyone who obtains title or held an ownership interest without first obtaining a Certificate of Continued Occupancy shall be fully responsible and liable under this ordinance.
8. To the extent that an owner fails to obtain a Certificate of Continued Occupancy and closes title, the owner shall remain liable for a separate violation on each day until a Certificate of Continued Occupancy is issued. This continuing violation for each and every day shall be consistent with Section 25-59b.
9. Any person who serves as an agent, employee or representative of any party to a real estate transaction, including but not limited to any licensed real estate broker, attorneys for seller, buyer, and/or lender may be found liable for a violation hereunder and punished to the full extent of the law.
10. Upon inspection of any building, premises, apartment or any other dwelling unit, the construction official, upon finding that the dwelling unit contains only minor violations of this chapter which are not related to the health, safety and welfare of a prospective tenant so as to prohibit occupation of the tenant, may allow a temporary certificate of continued occupancy to be issued which shall be conditioned upon the property owner's, landlord's or tenant's complying with the provisions of this chapter and the Uniform Construction Code within a reasonable period of time not to exceed 30 days or as per the construction official in writing from the issuance. A permanent Certificate of Continued Occupancy, when all requirements are met within the given time period, shall have no additional fee.





SAMPLE FLOOR PLAN LAYOUT



# TOWNSHIP OF WEST ORANGE

415 VALLEY ROAD, WEST ORANGE, N.J. 07052

## FIRE DEPARTMENT

## FIRE PREVENTION BUREAU

E-mail: [Fireofficial@westorange.org](mailto:Fireofficial@westorange.org)/[Fireprev@westorange.org](mailto:Fireprev@westorange.org)

Susan McCartney

Mayor

Tel: (973) 325-4175

Fax #: (973) 669-1080

Anthony Vecchio

Fire Chief

Steven Hywel

Fire Official

### Fire Safety Registration Form

All occupancies should be registered with the exception of, owner occupied 1 and 2 family homes. Owners of possible Life Hazard Use businesses must complete and file this form in accordance with the Uniform Fire Safety Act N.J.A.C. 52:27D-192 et seq. Failure to do so may result in a penalty of up to \$1,000.00.

Type of Business: \_\_\_\_\_

1. Is your business (check one):

Convenience Store      Deli      Hair/Nails      Storage (what will be stored at facility \_\_\_\_\_)

Office      Retail Store (what will be sold \_\_\_\_\_)      Gas Station      Auto Repair

Auto Body      Movie Theater      Restaurant (Alcohol Served  Yes  No ( # of tables ) \_\_\_\_\_

Medical      Surgical      Hotel      Boarding House      Group Home      Assisted Living Facility

Day Care      Nursing Home      Senior Building      Funeral Home      Education Building

Other (Explain \_\_\_\_\_)

2. Type of ownership (check correct type)

Corporation      Private/Individual      Partnership      Condominium      Cooperation      LLC

Government Agency      Other (if other describe type here) \_\_\_\_\_

3. Business/ Corporation Mailing Address:

Name: \_\_\_\_\_

(Give FULL legal name of ownership, including corporation, Incorporated, Partnership, T/A etc.)

Address:

☞ PO Box number or street number and name)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Federal Employer (Tax ID) Number

\_\_\_\_\_  
Social Security Number (For Private/Individual Only)

In accordance with N.J.S.A. 52:270-201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its programs notification system.

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

9. Certification: I certify that all statements made by me on this registration application are true. I am aware that if any or the foregoing statements made by me are willfully false, I am subject to punishment.

r agent completing this form

Signature of owner or

agent completing this

form

**Return to address on letterhead via fax, mail or e-mail.**

Number of Tables/Chairs (Restaurant/Cafe): \_\_\_\_\_/\_\_\_\_\_

Date Printed name of

owner or agent

completing this form

Title Street address of

owner or agent

completing this form

City

State

Zip Code

Telephone of owner or agent completing this form

Fax

E  
-  
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o  
f  
o  
w  
n  
e  
r  
o

SHIFT	SHIFT HOURS	NO. OF EMPLOYEES
Shift 1		
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**SECTION 4: Site Plan Information**

**FLOOR PLAN (ATTACH DRAWING)** – All dimensions including the breakdown of your business area in square footage for office use, retail and warehouse, cafeteria use, bathrooms, storage areas, other.

*If multiple tenants exist on site, list the names and square footage of each tenant below.*

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Number and Type of Commercial Vehicles (Type/Size): \_\_\_\_\_  
 \_\_\_\_\_  
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**NEW LIGHTING?** Y\_\_N\_\_ If yes, provide details and indicate location on site plan.

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Address. \_\_\_\_\_ Address. \_\_\_\_\_

(No PO Boxes)

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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Name: \_\_\_\_\_

Telephone: : \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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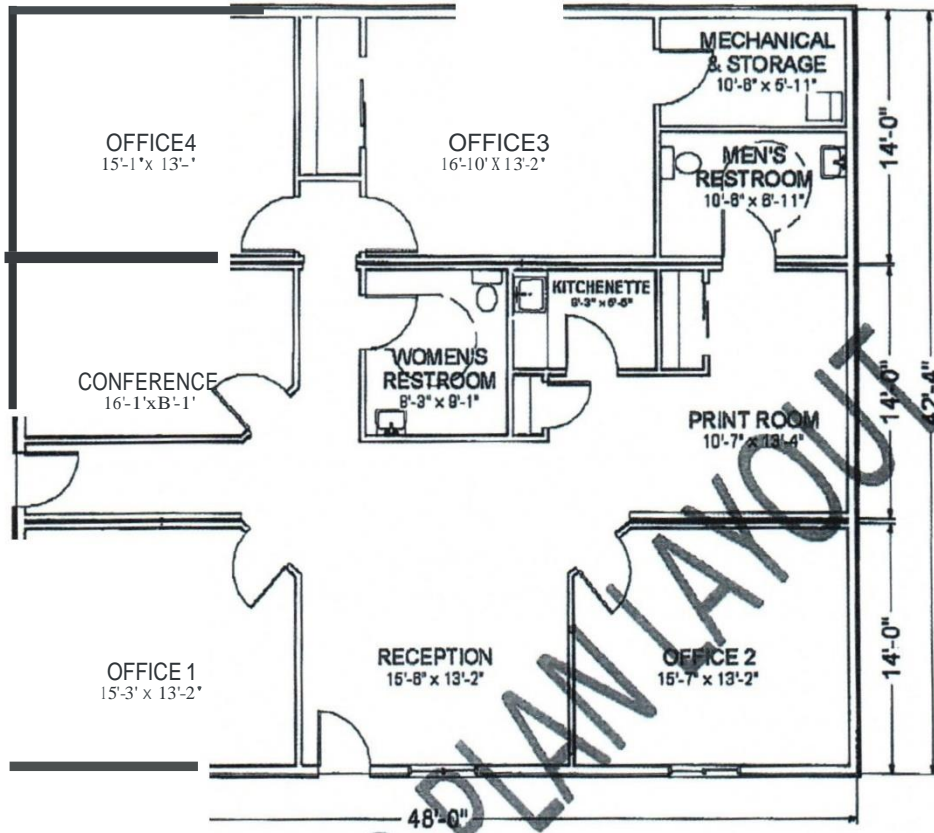
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8. To the extent that an owner fails to obtain a Certificate of Continued Occupancy and closes title, the owner shall remain liable for a separate violation on each day until a Certificate of Continued Occupancy is issued. This continuing violation for each and every day shall be consistent with Section 25-59b.
9. Any person who serves as an agent, employee or representative of any party to a real estate transaction, including but not limited to any licensed real estate broker, attorneys for seller, buyer, and/or lender may be found liable for a violation hereunder and punished to the full extent of the law.
11. Upon inspection of any building, premises, apartment or any other dwelling unit, the construction official, upon finding that the dwelling unit contains only minor violations of this chapter which are not related to the health, safety and welfare of a prospective tenant so as to prohibit occupation of the tenant, may allow a temporary certificate of continued occupancy to be issued which shall be conditioned upon the property owner's, landlord's or tenant's complying with the provisions of this chapter and the Uniform Construction Code within a reasonable period of time not to exceed 30 days or as per the construction official in writing from the issuance. A permanent Certificate of Continued Occupancy, when all requirements are met within the given time period, shall have no additional fee.





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1. Is your business (check one):

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Office      Retail Store (what will be sold \_\_\_\_\_)      Gas Station      Auto Repair

Auto Body      Movie Theater      Restaurant (Alcohol Served      Yes      No     (# of tables) \_\_\_\_\_)

Medical      Surgical      Hotel      Boarding House      Group Home      Assisted Living Facility

Day Care      Nursing Home      Senior Building      Funeral Home      Education Building

Other (Explain \_\_\_\_\_)

2. Type of ownership (check correct type)

Corporation      Private/Individual      Partnership      Condominium      Cooperation      LLC

Government Agency      Other (if other describe type here) \_\_\_\_\_

3. Business/ Corporation Mailing Address:

Name: \_\_\_\_\_

(Give FULL legal name of ownership, including corporation, Incorporated, Partnership, T/A etc.)

Address:

☞ PO Box number or street number and name)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Federal Employer (Tax ID) Number

\_\_\_\_\_  
Social Security Number (For Private/Individual Only)

In accordance with N.J.S.A. 52:270-201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its programs notification system.

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

9. Certification: I certify that all statements made by me on this registration application are true. I am aware that if any or the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Signature of owner or agent completing this form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of owner or agent completing this form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street address of owner or agent completing this form

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone of owner or agent completing this form

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail of owner or agent completing this form

**Return to address on letterhead via fax, mail or e-mail.**